

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | on of each violation is specified in the narrative portion of the | | | | |
|------------------------|---|---------------|---|------------------------------|----------------------------------|-------------------------------|--------------|
| Establishment Name | | | | Telephone Number | Date of Ins (mm/dd/yr | of Inspection PERMIT # dd/yr) | |
| + | Hine 1 | | rathon | 812 448 BIP | 1` . | /20 | 19-123 |
| 1 | | | mber and street, city, state, zip code) | | "/' ' | 120 | |
| 3309 | Gran | Hine | Rd Nu Albay, 12 47150 | | To-Now w | Palasi | - Data |
| Owner | | 146. | • | Purpose: | Follow-up Release Date / O days | | |
| Owner's A | | | | Routine | Summary of Violations; | | |
| Owner 5. | uu, 0.55 | | | 2. Follow-up | Summary | of Violation | 18; |
| Person in C | Charge | | | 3. Complaint | 1.0 | NC S | r = 3 |
| Mike: | Singh | | | 4. Pre-Operational | e_s_ ne_s_ n | | |
| Responsibl | | E-ma | il | 5. Temporary | Menu Type (See back of page) | | |
| | | | | 6. HACCP | | | |
| Certified Food Manager | | | | 7. Other (list) | 1 <u>X_2</u> | 3 | _45 |
| | | | | | | | ' |
| • CRITICA) | L ITEMS A | RE IDI | ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C" | | | |
| • VIOLATIO | ON(S) REPI | EATEI | FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S | SUMMARY OF VIOLATIONS" A | ND IN THE N | ARRATIVE | BELOW AS "R" |
| Section# | C/NC | R | Narrative | | To Be Corrected By | | |
| 347 | ML | R | Observed in head fireds at 1-669/1 | checkat hand sink | | Com | upl |
| 35-1 | NC | R | Observed restrains without could trush cons / week | | | | |
| 426 | سد | | observed Bort to be at-threed with varied francessing items / Month | | | | |
| 430 | NC | 2 | Observed (1) storned frolded and (1) | , , | I | / min | M, |
| 433 | سرر | 1, | Observed map not properly hing to | <i>'</i> , ' | ليسهيد | Corre | |
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| Received b | y (name an | d title | printed): | Inspected by (name and title | printed): | | |
| ړ | 1106 | 1 | SINGA | A.). | Ingram | (EHS | () |
| Received b | <u>سَالِمِياً ! .</u> y (srgpa tur | e); | 2 | Inspected by (signature); | - 17:00:1 | (= 110 | |
| · | X. | 0 | | | a | ī | |
| cc: | yin | $\frac{1}{2}$ | cc; | | ee: | <u>'</u> | |
| " <i>U</i> | / | U | , | | | | |